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| Case Number: | CM14-0213430 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 05/09/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old patient with date of injury of 05/09/2013. Medical records indicate the patient is undergoing treatment for pain in joint of lower leg, pain in joint of ankle/foot, pain in joint of shoulder and superficial peroneal neuroma. Subjective complaints include right ankle and right knee pain, anxiety, depression. Objective findings include antalgic gait, single crutch assistance with ambulation, right ankle swelling, deltoid fibula-calcaneal talofibular ligaments on the right ankle are tender. MRI of right shoulder dated 11/26/2013 revealed mild glenohumeral and moderate acromioclavicular joint arthritis; small joint effusion and mild subacromial/subdeltoid bursitis; tendinosis and insertional articular surface partial tear supraspinatus, infraspinatus and subscapularis tendons; no full thickness rotator cuff tears; degenerative type signal labrum, no definite labral tears; biceps tendon intact. MRI of right knee dated 11/26/2013 revealed moderate tricompartmental arthritis and mild chondromalacia; distal insertional quadriceps tendinosis and mild to moderate prepatellar edema or bursitis; small tear posterior horn medial meniscus; chronic partial tear with thickening of the ACL and PCL and mild chronic sprain of the MCL without full thickness tear; small joint effusion. Treatment has consisted of Brace, Physical Therapy, Cortisone Injections, Norco, Nabumetone, Protonix, Docusate, Gabapentin and Mirtazapine. The utilization review determination was rendered on 12/15/2014 recommending non-certification of Right Superficial peroneal diagnostic nerve block, Orthotics and Right ankle diagnostic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Superficial peroneal diagnostic nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections.

Decision rationale: ODG states "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids". ODG additionally states "Criteria for alcohol injections for Morton's neuroma: A. 6 months of conservative therapies have been attempted and have been documented as having failed: Change in shoe types that are reported to result in neuroma-like symptoms. Change or limitation in activities that are reported to result in neuroma-like symptoms. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals. B. Injections are expected to be performed according to the following protocol: Ultrasonic imaging guidance (depends on the provider's access to and comfort with ultrasound). If there is a clinically significant positive response - symptoms reduced - reported and documented after 2 injections, up to 3 additional (or less if the patient reports elimination of neuroma symptoms) at 14 day intervals. If, however, two consecutive injections fail to achieve continued and clinically significant symptom improvement, subsequent injections would be not necessary". The patient has had a superficial peroneal neuroma diagnosed by multiple providers. The treating physician's progress note form 11/20/14/ confirms the diagnosis. As such, the request for a Right Superficial peroneal diagnostic nerve block is not medically necessary.

Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-384. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle&Foot, Bracing (immobilization).

Decision rationale: ACOEM "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible". ACOEM additionally states "For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)". The D and C designation by ACOEM means that the evidence based medicine is weak to support immobilization. ODG states "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the

favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function". While the treating physician documents ankle pain and tenderness of the ankle, there is no documentation of red flag diagnoses based on physical exam or diagnostic imaging. As such, the request for Orthotics is not medically necessary.

Right ankle diagnostic nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections

Decision rationale: ODG states "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids". ODG additionally states " Criteria for alcohol injections for Morton's neuroma: A. 6 months of conservative therapies have been attempted and have been documented as having failed: Change in shoe types that are reported to result in neuroma-like symptoms; change or limitation in activities that are reported to result in neuroma-like symptoms. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals. B. Injections are expected to be performed according to the following protocol: Ultrasonic imaging guidance (depends on the provider's access to and comfort with ultrasound). If there is a clinically significant positive response - symptoms reduced - reported and documented after 2 injections, up to 3 additional (or less if the patient reports elimination of neuroma symptoms) at 14 day intervals. If, however, two consecutive injections fail to achieve continued and clinically significant symptom improvement, subsequent injections would be not necessary". The treating physician's progress note form 11/20/14 confirms the diagnosis by physical examination. As such, the request for a Right ankle diagnostic nerve block is not medically necessary.